Office of Racing Commissioner
PO Box 30773
Lansing, MI 48909
Phone: (517) 335-1420
Fax: (517) 241-3018
www.michigan.gov/horseracing

Office of the Racing Commissioner
Termination of Treatment Report

Date Received by ORC

Instructions: This form is intended to be completed by an accredited substance abuse treatment provider to assist the Racing Commissioner in determining the continued suitability for licensing of racing industry licensees with positive drug or alcohol tests. Recommendations will be used to help determine whether the client can be re-licensed currently with minimal risk of another violation or whether an extended program of treatment will be necessary prior to consideration for re-licensing. Please direct any questions to Deputy Racing Commissioner at (517) 335-1420.

Client: _____   **DOB:** _____

Name of Counselor: _____   **Phone:** _____

Initial Contact Date: _____   **Last Contact Date:** _____

Reason for Discharge: _____

Recommendation for Treatment from Assessment: _____

_____

Initial Diagnosis: _____

Identified Presenting Problem/Reason for Service: _____

_____

Summary of substance use history, treatment history and family/social history related to substance use:

_____

_____

_____

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Goals, Objectives and Interventions from Treatment Plan (For those receiving services beyond an assessment):

_____

_____

_____

_____

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Dates of all scheduled appointments, indicate missed (M), cancelled (C) and attended (A)
For all attended appointments, indicate type of service that was provided (I) Individual, (G) Group, (E) Educational

Summary of Response to Treatment (Motivation, cooperation, goals/objectives achieved/not achieved, etc.):

_____

_____

_____

_____

_____

Aftercare/Recovery Plan: _____

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_____

Prognosis for Recovery and Other Recommendations: _____

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_____

Discharge Diagnosis with Supporting DSM IV-TR Criteria: _____

_____

_____

_____

_____   _____
    Signature and Credentials of Counselor   **Date Report Completed**

Waiver for Release of Information:

I authorize this treatment provider to release any information related to my treatment to the Office of Racing
Commissioner for use in determining my continued suitability for licensing. _____
                                                                  Client Signature

Upon completion, please mail this form to the attention of Deputy Racing Commissioner at Office of the Racing
Commissioner, P.O. Box 30773 Lansing, MI 48909 or fax it to (517) 241-3018.